

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 2565-0283PUS1	
Application No. 10/501,239-Conf. #8255		Filing Date July 12, 2004		Examiner Devin Almeida	
Art Unit 2132					
Applicant(s): Kiyoto KAWAUCHI					
Invention: SECURITY HOLE DIAGNOSTIC SYSTEM					
<b>MS Amendment</b> <b>Commissioner for Patents</b> <b>P.O. Box 1450</b> <b>Alexandria, VA 22313-1450</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	20	- 21 =	0	x 50.00	0.00
<b>Independent Claims</b>	4	- 3 =	0	x 210.00	210.00
<b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>					
<b>Other fee (please specify):</b> Extension for response within first month					120.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					330.00
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ <u>330.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayments					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Michael K. Mutter Attorney Reg. No.: 29,680				Dated: <u>June 9, 2008</u>	
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000					